

Michigan Department of Community Health
Emergency Medical Services Section
P.O. Box 30437
Lansing, Michigan 48909
(517) 241-0179

Website: www.michigan.gov/ems
Authority: P.A. 368 of 1978, as amended
This form is for information only.

**SPECIALIST DOWNGRADE to EMT/MFR
OR
SPECIALIST UPGRADE WITH BRIDGE COURSE
APPLICATION FOR LICENSURE INSTRUCTIONS**

*This application is being provided for a limited time **ONLY** and is for those current Emergency Medical Technician-Specialist(s) (EMT-S) that would either like to downgrade to a/an MFR/EMT OR who have completed the bridge course by 12/31/12 and are applying for the new Specialist (AEMT) that goes into effect on 4/1/13.*

***NOTE:** If you have completed the New Michigan Specialist AEMT Initial Education course, you must complete the Michigan Course Completion Application for Licensure (EMS-APP-500).*

Information regarding the transition to the New Specialist AEMT is located on our website in our “Spotlight” Section. Please click on the link entitled “NEW Specialist Information” for more information, including a bridge course outline, list of bridge courses being offered, and exam requirements: www.michigan.gov/ems. Note: please pay particular attention to the June 14, 2012 letter the Department mailed to ALL current EMT-Specialists, as well as the July 16, 2012 letter the Department mailed to ALL Education Programs.

An EMT-S can file this application to:

- Downgrade their current EMT-S license to an EMT or MFR at the time of renewal that occurs prior to 4/1/13 and pay the renewal fee. Downgraded license is effective immediately.
- Downgrade their current EMT-S license to an EMT or MFR that has already renewed any time prior to 4/1/13 and pay NO FEE. Downgraded license is effective immediately.
- Upgrade their current EMT-S license to the Specialist AEMT by completing the Michigan Bridge Course by 12/31/12. Upgraded license is effective 4/1/13.

If this application is not received on or before 3/31/13 and you have NOT met the requirements for the new Specialist (AEMT), your EMT-S license will be downgraded automatically to an EMT license. Your current licensure expiration date will remain the same.

You are required to complete the continuing education mandated by the State for your level of licensure prior to your expiration date. However, you are not required to submit your continuing education at this time. The Department will conduct a random audit of those that have downgraded at a later date. If you are selected for this audit, you will be required to submit your continuing education. NOTE: Credits obtained while licensed as a Specialist will be accepted if you choose to downgrade. Being Nationally Registered does not exempt you from complying with the continuing education requirements for renewal of your Michigan license. **Refer to EMS Personnel Continuing Education Form (BHPPA/EMS-127) for category and lecture/practical requirements which can be found at www.michigan.gov/ems.**

GENERAL INSTRUCTIONS

Failure to complete the application in its entirety and correctly may result in a delay of your application being processed for licensure. **This is a two-page application.** Be sure to complete both pages/sides before submitting and sign and date your application.

1. Mark the box for the appropriate choice: downgrade at renewal, downgrade after renewal, or upgrade to the new Specialist (AEMT). Your \$25 renewal fee must accompany this application if you are downgrading at the time of renewal. Applications submitted without the required fee will be returned to the applicant. **ALL FEES ARE NON-REFUNDABLE.**

2. Enter all personal identifying information, i.e. name, social security number, address, etc.
3. Enter your Michigan Education Program Sponsor name (Program where you took your bridge course) and date of course completion.
4. If you have a yes answer to question number 1 on page 2 of the application, you must complete the attached Criminal Conviction History Form (EMS-252).
5. If you have a yes answer to question number 2 on page 2 of the application, you must submit a detailed explanation with your application.

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**SPECIALIST DOWNGRADE/UPGRADE
 APPLICATION FOR LICENSURE**

Authority: Public Act 368 of 1978, as amended.
 If this form is not complete a license will not be issued.

State Office Use Only

License Number

Date of Licensure

TYPE OR PRINT ONLY

I have an ACTIVE Michigan EMT-Specialist License and I am applying for the following: (Check ONE only)

I ALREADY RENEWED and I want to Downgrade to (No fee required): ☐ EMT or ☐ MFR

I AM RENEWING and I want to Downgrade to: ☐ EMT (Fee - \$25.00) ☐ MFR (No fee required)

(Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application if you are applying at the time of renewal. **DO NOT SEND CASH. Fees are deposited upon receipt and are NON-REFUNDABLE.** Renewal applications received after your renewal date and within your 60 day grace period will incur an additional \$50 late fee.)

☐ **EMT-Specialist Bridge Course to Specialist AEMT: No fee required (License issued on or after 4/1/13)**

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (If Applicable)		Daytime Phone Number

BRIDGE COURSE INFORMATION:

Michigan Education Program Sponsor (Name and Location)	Date of Course Completion
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Name	Social Security Number
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Check the appropriate answer to each of the following questions.

1. Have you ever been convicted of a misdemeanor or felony, other than minor traffic violations? ☐ Yes ☐ No

NOTE: Attach Criminal Conviction History Form (EMS-252) for a Yes answer

2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you? ☐ Yes ☐ No

NOTE: Attach a detailed explanation for a Yes answer

CERTIFICATION

I certify that I am the person named on this application and that all statements are true. I understand that my Education Program Sponsor shall be made aware of my examination results. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.

Signature	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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CRIMINAL CONVICTION HISTORY FORM

Authority: Public Act 368 of 1978, as amended

If you have been convicted of a misdemeanor or felony, please complete this form and mail it to the address above or fax it to: (517) 241-9458. If you have applied for licensure, processing of your application will be delayed until this information is received.

First Name	Middle Name	Last Name
U.S. Social Security Number	Drivers License Number	Type of license you are applying for

Conviction #1 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____

Conviction #2 Information
Briefly state the nature of the conviction
Date of Violation
Date of Conviction
County, State, & Court of Jurisdiction
Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____

NOTE: The back of this form may be used if you have more than two convictions

CERTIFICATION

I hereby certify that the above facts and any attached statements are true, accurate, and complete about any and all convictions, and further make application for licensure in Michigan.

Signature of Applicant/Licensee	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.